

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 30 AM 9:26

DOCUMENT # N93000005729 (9)

1. Corporation Name

THE LINCOLN HIGH SCHOOL FOUNDATION, INC.

Principal Place of Business

**909 EAST PARK AVE
TALLAHASSEE FL 32301**

Mailing Address

**909 EAST PARK AVE
TALLAHASSEE FL 32301**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/22/1993

3a. Date of Last Report

08/10/1994

4. FEI Number

59-3239530

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☒

**\$68.75 Supplemental
Fees Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**BUNCH, DEAN
909 EAST PARK AVE
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
WATKINS, JOHN
2081 MISTLETOE COURT
TALLAHASSEE FL 32311**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
BUNCH, DEAN
851 EAST PARK AVENUE
TALLAHASSEE FL 32301**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
MONTFORD, WILLIAM
3838 TROJAN TRAIL
TALLAHASSEE FL 32311**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
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☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the protection of Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct. My signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report. My signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report. My signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/95 (909) 987-2110

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Suite, Apt. #, etc.

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27

City & State

City & State

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28

Zip

Country

Zip

Country

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25

29

30

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Florida Statutes

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84 City

FL 85 Zip Code

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SIGNATURE

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(NOTE: Registered Agent signature required when rechartering)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

TITLE

D

NAME

WATKINS, JOHN

STREET ADDRESS

2081 MISTLETOE COURT

CITY- ST- ZIP

TALLAHASSEE FL 32311

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

TITLE

D

NAME

BUNCH, DEAN

STREET ADDRESS

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CITY- ST- ZIP

TALLAHASSEE FL 32301

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2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE

D

NAME

MONTFORD, WILLIAM

STREET ADDRESS

3838 TROJAN TRAIL

CITY- ST- ZIP

TALLAHASSEE FL 32311

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/95 487-2110